

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90161 006 \*\*\*\*70.00

**DOCUMENT # N00000001969**

1. Entity Name  
**INDO CARIBBEAN FEDERATION INC. OF FL.**



Principal Place of Business  
**6330 BUENA VISTA DRIVE  
MARGATE FL 33063**

Mailing Address  
**P.O. BOX 670545  
CORAL SPRINGS FL 33067**

**44003564**

2. Principal Place of Business  
**6698 BUENA VISTA**  
Suite, Apt. #, etc.  
**MARGATE**  
City & State  
**MARGATE FL**  
Zip  
**33063** Country  
**BROWARD**

3. Mailing Address  
**P.O. BOX 670545**  
Suite, Apt. #, etc.  
City & State  
**CORAL SPRINGS FL**  
Zip  
**33067** Country  
**BROWARD**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1039305** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JAGOPAT, RAJPATTIE**  
**6698 BUENA VISTA DRIVE**  
**MARGATE FL 33063**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARAJINI JOB, CAROLINE</b>	
STREET ADDRESS	<b>4900 LIGHTHOUSE CIRCLE, APT. J</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33087</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOOKHAN, SUDARSAN</b>	
STREET ADDRESS	<b>4900 LIGHTHOUSE CIRCLE, APT. J</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33087</b>	
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JAGOPAT, RAJ PATTIE</b>	
STREET ADDRESS	<b>4900 LIGHTHOUSE CIRCLE, APT. J</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33087</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RIGBIR, ROMEO</b>	
STREET ADDRESS	<b>6698 BUENA VISTA DRIVE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOOKHAN SUDARSAN</b>	
STREET ADDRESS	<b>6698 BUENA VISTA DR</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAGOPAT RAJPATTIE</b>	
STREET ADDRESS	<b>6698 BUENA VISTA DR</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **6-2-03**  
Date Daytime Phone #

CR2E037 (10/02)